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Fill in this Information to identify the case:

of 2

Debtor 1

International Heritage, Inc.

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing) First Name

Middle Name

Last Name

United States Bankruptcy Court for the EASTERN DISTRICT OF NORTH CAROLINA

Case number: 98-02675

FILED

APR 27 2023

STEPHANIE J. BUTLER, CLERK U.S. BANKRUPTCY COURT EASTERN DISTRICT OF NC

# Form 1340 (12/19)

### APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

#### 1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$483.82 (\$378.01, 105.81)
Claimant's Name:	Benjamin D. Tarver dba Bankruptcy Settlement Group Original Creditor: Li Lei
Claimant's Current Mailing Address, Telephone Number, and Email Address:	2300 East Fry Blvd #1630, Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com

## 2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- X Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

### 3. Supporting Documentation

X Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>&</sup>lt;sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>&</sup>lt;sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>&</sup>lt;sup>3</sup> The Owner of Record is the original payee.

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4. Notice to United States Attorney

of 2

X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
For the Eastern District of North Carolina
150 Fayetteville Street, Suite 2100
Raleigh, NC 27601

5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of
perjury under the laws of the United States of America	perjury under the laws of the United States of America
that the foregoing is true and correct.	that the foregoing is true and correct.
21212402	Detail
Date: 3/2/2023	Date:
Signature of Applicant	Signature of Co-Applicant (if applicable)
Benjamin D. Tarver	orginature of co / tpp neart (ii app nears)
BENTAMIN D TARVEZ	
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)
Address:	Address:
2300 East Fry Blvd #1630	
Sierra Vista, AZ 85636	
Telephone: 832-781-0620	Telephone:
Telephone: 632-761-0020	relephone
Email: help@claimtransfers.com	Email:
6. Notarization	6. Notarization
STATE OF ARIZONA	STATE OF
COUNTY OF COCHISE	COUNTY OF
COUNTY OF COOTINGE	
This Application for Unclaimed Funds, dated	This Application for Unclaimed Funds, dated
3 2 2023 was subscribed and sworn to before	was subscribed and sworn to before me this day of by
me this $\frac{\partial \wedge \partial}{\partial \cdot}$ day of $\frac{\partial \wedge \partial}{\partial \cdot}$ by	me thisday of, 20by
BENJAMIN DERAY TARVER	
who signed above and is personally known to me (or	who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to be	proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within	the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.	instrument. WITNESS my hand and official seal.
(SEAL) Notary Public Wholell Dries w to	(SEAL) Notary Public
My commission expires: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	My commission expires:
MICHELLE G MIETZNER	
Notary Public, State of Arizona  Cochise County	
Commission # 616152 My Commission Expires	
November 12, 2025	